

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 657-2941



February 3, 1994

To: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Pickle Coordinators

Letter No.: 94-14

LYNCH V. RANK (PICKLE)—TICKLER SYSTEM

Ref.: Pickle Handbook, Section 4, Pages 4-1 through 4-13

The purpose of this All County Welfare Directors Letter is to inform you that the Department of Health Services mailed out Pickle Tickler Notices of Action (NOAs) the end of December 1993 to individuals who: 1) currently receive Title II (RSDI), Social Security benefits; 2) have been discontinued from the Supplemental Security Income/State Supplementary Program since January 1991 (for any reason); and 3) were determined ineligible during the Pickle screening process. A copy of the NOA is enclosed. The process was mandated by the Lynch v. Rank lawsuit which specified each potentially eligible Pickle individual must receive a Pickle Medi-Cal notice for three consecutive years.

Counties should receive their individual Pickle Tickler computer report by the third week in January 1994. A sample copy of the Tickler computer listing is enclosed. The January 1994 Tickler report will now only list potential Pickle eligibles for the years of 1991, 1992 and 1993. Individuals listed during previous years will be dropped from the report. Henceforth, one year of ineligibles will be purged each year.

In addition, the lawsuit requires that each of the individuals on the Pickle Tickler listing who has an active Medi-Cal case or who brings the Tickler notice into the County Welfare Department to apply under the Pickle amendment shall have an eligibility determination completed in accordance with Title 22, California Code of Regulations, Section 50189. The eligibility determination shall take place within 30 days of the month preceding or following the Title II, Social Security cost of living adjustment.

Please refer to section 4, pages 4-1 through 4-13 of your Pickle Handbook for specific instructions on county responsibilities for completing Pickle determinations.

If you have any questions, please contact Ms. Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL NOTICE

Lynch v. Rank Tickler Notice

PT00005

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income and/or State Supplemental Program (SSI/SSP) benefits some time after April 1977. We have also been told that your benefits have stopped. If we are wrong and you have never received SSI/SSP, or you are now getting SSI/SSP benefits, please ignore this notice.

The purpose of this notice is to let you know that under a federal law called the Pickle amendment, Medi-Cal eligibility continues without a share of cost for certain individuals whose SSI/SSP benefits were stopped.

What does this mean to you? Because you once received SSI/SSP and are still on our list, you may be evaluated for Medi-Cal under the Pickle legislation. If eligible, you will receive Medi-Cal with no share of cost.

How do you apply? Take this notice with you to your local county welfare office within 30 days if you want your Medi-Cal eligibility determined under the Pickle Amendment. Show this notice to your worker.

What if you already get Medi-Cal but have to pay a share of cost? Call your worker at your local welfare office and ask that your case be evaluated for "Pickle" eligibility.

What if you are now getting SSI/SSP benefits? You should ignore this notice. Persons who receive SSI/SSP automatically receive Medi-Cal at no share of cost.

If you have any questions about your Medi-Cal benefits as a Pickle eligible, you should contact the county welfare department for the county in which you live. To help you, we have listed below the address and telephone number of the county welfare department in your area.

Note: If you have already been in contact with the county welfare department regarding your Pickle status, please follow their instructions and ignore this notice.

CONTACT:

REPORT NO. REPORT DATE TITLE..... DISTRICT WORKER
HR-MED820-ROO3 12/15/87 PICKLE TICKLER REPORT 999 A1

CASE-NAME COUNTY-ID COUNTY-DATE MDS-ID SEX ELIG-STATUS
DOE 99-99-9999999-9-99 11-08-955 F 001
DOE JANE A PICKLE-TICKLER SSI-LAST-RECEIVED LAST-PICKLE-CHG
ANY PLACE AO 12-11-87
ANY STREET
ANY TOWN, CALIFORNIA ZIP

CASE-NAME COUNTY-ID COUNTY-DATE MDS-ID SEX ELIG-STATUS
SMITH 99-99-9999999-9-99 09-30-944 H 001
SMITH JOHN Z PICKLE-TICKLER SSI-LAST-RECEIVED LAST-PICKLE-CHG
744 P STREET PI 12-86
SACRAMENTO CA 95814

CASE-NAME COUNTY-ID COUNTY-DATE MDS-ID SEX ELIG-STATUS
NEUMAN 99-99-9999999-9-99 04-01-936 H 003
NEUMAN ALFRED E PICKLE-TICKLER SSI-LAST-RECEIVED LAST-PICKLE-CHG
714 P STREET PI 12-87
SACRAMENTO CA 95814

CASE-NAME COUNTY-ID COUNTY-DATE MDS-ID SEX ELIG-STATUS
BOND 99-99-9999999-9-99 04-19-927 H 596
BOND JAMES PICKLE-TICKLER SSI-LAST-RECEIVED LAST-PICKLE-CHG
744 P STREET CI 12-11-87
SACRAMENTO CA 95814

SAMPLE